

**APPLICATION FOR USE OF A CONTROLLED
SUBSTANCE (SODIUM PENTOBARBITAL)
IN A DOG POUND, ANIMAL SHELTER,
OR BY A CLASS B DEALER**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

A controlled substances license is required for any dog pound or animal shelter licensed or registered by the Michigan Department of Agriculture (pursuant to act of the public acts of 1969 as amended), to store, handle, and use sodium pentobarbital, as described in rule 338.3138 of the Administrative Rules of the Michigan Board of Pharmacy.

Instructions

1. Complete application and submit required fee.
2. Submit biographical data (curriculum vitae) for all persons listed below who are responsible for assigning employees and securing the sodium pentobarbital.
3. For new licenses and change of locations only, submit photographs of the interior and exterior of the building.

Board Use Only	
Date of Licensure	
License Number	

I AM APPLYING FOR THE FOLLOWING (CHECK ONE)

- ☐ **New Controlled Substance License/Sodium Pentobarbital ; Fee - \$85.00 71-5304-3757**
- ☐ **Relicensure; Fee - \$105.00 71-5304-5737**
- ☐ **Change of Location; Fee - \$20.00 71-5304-33**
- ☐ **Employee Update - No fee required**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the department.

Name of Dog Pound, Animal Shelter, or Class B Dealer		Current Michigan CS License Number (if applicable)	
Current Address (Street and Number)			Daytime Phone Number
City	State	ZIP Code	
New Address (Street and Number) - Change of Location Only			Business Phone Number
City	State	ZIP Code	County
Department of Agriculture Registration Number		DEA Registration Number	

Has any manager or employee ever been convicted of a crime for which they could have been sent to jail or had a civil judgment against them? If yes, provide detailed information on a separate sheet of paper. ☐ Yes ☐ No

EMPLOYEE SUPERVISOR

Give the names and addresses of the persons responsible for designating employees to practice euthanasia pursuant to the Act. These persons must sign at the end of this form and submit biographical data (Curriculum Vitae).

Name	Address

DRUG SECURITY

Give the names and addresses of the person(s) in charge of the day-to-day operation of the facility who are responsible for the storage, security, and record keeping of the facility's sodium pentobarbital. These persons must sign at the end of this form and submit biographical data (Curriculum Vitae).

Name	Address

TRAINED EMPLOYEES

Give the names and addresses of all certified individuals who have received a minimum of eight hours of training in the use of sodium pentobarbital to practice euthanasia AND the name of the veterinarian providing the training.

Name	Address	Veterinarian

SOLUTIONS TO BE USED

Give the type or commercial name of premixed, commercially prepared sodium pentobarbital to be used and where this solution will be purchased.

Solution Used	Where Purchased

CERTIFICATION

We certify that we are the persons to designate employees and the persons in charge of the day-to-day operation of the registered dog pound or animal shelter. No other person shall fulfill these duties without approval of the Board of Pharmacy.

We understand that it is a policy of this agency to secure criminal conviction history information as part of its pre-licensure screening process, and we authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police.

SIGNATURES OF PERSONS DESIGNATING EMPLOYEES

SIGNATURES OF PERSONS IN CHARGE OF DAY-TO-DAY OPERATION

